

2012 GOVERNOR'S SCHOLARS PROGRAM
NOMINATION TRANSMITTAL FORM

List Nominees Alphabetically

School District/Private School: _____

Address: _____

Phone Number: _____ Date: _____

Total number of Juniors at the end of the second full month of school: _____

Remember to list the District Selection Committee on the back of this form.

Total Submitted Females: _____ Total Submitted Males: _____

Nominee(s)

School

_____ No nominations for the 2012 Governor's Scholars Program.

_____ I certify the above to be official nominees for the 2012 Governor's Scholars Program and have enclosed their completed applications.

Superintendent or Headmaster: Signature: _____

Please Print: _____

DISTRICT SELECTION COMMITTEE

[illegible]